



Division of Mental Health and Addiction



9th Annual Prescription Drug Abuse Symposium

October 29 - 30, 2018

Noblesville Convention Center

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Bureau Chief, Family and Consumer Affairs
Division of Mental Health and Addiction**

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Director
Indiana Addictions Issues Coalition**



Division of Mental Health and Addiction



Agenda

- History of Addiction Recovery in the United States
- Peer Based Recovery Support Services
- Indiana's Current Peer Support Options
- CRS/CHW's in Indiana
- Recovery Coaches in Indiana
- Future of Peers
- Advocacy
- Wrap Up/Questions

History of Addiction Recovery in the United States





WHAT IS ADDICTION RECOVERY?

SAMHSA has delineated four major dimensions that support a life in recovery:

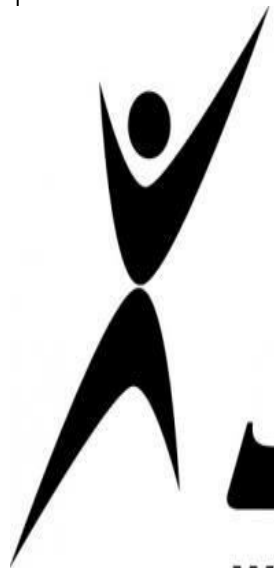
- **Health**—overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- **Home**—having a stable and safe place to live



- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love, and hope

Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

Who is SAMSHA



Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

William White

- Person in long term recovery
- Recovery Advocate
- 300 + Articles Written
- 8 Monographs
- 30+ Recovery Tools
- 3 Books
- Recovery Toolkits
- Blogs/Updated Information
- Dozens of White Papers on Recovery
- Lifetime of Advocacy
- Changed the Addiction Treatment Field

<http://www.williamwhitepapers.com/>





Recovery Advocacy in America: A Brief Synopsis

To begin, the history is a rich one.

For more than two centuries, recovering people and their families have been at the forefront of efforts to organize or sustain addiction-related mutual aid societies, religiously and medically-focused treatment institutions, and a wide variety of alcohol/drug-related advocacy groups in America.

<http://www.williamwhitepapers.com/pr/2000TowardANewRecoveryMovement.pdf>

- Early Native Recovery “Circles” (1737-1770)
- Handsome Lake Religion (1799)
- Shawnee Prophet Movement (1805)
- Washingtonians (1840)
- Dashaway Association (1859)
- Ribbon Reform Clubs
- Drunkard’s Club (1871)
- Native American Church (1918)

Mutual Aid Societies in History



- Indian Shaker Church (1882)
- Keeley Leagues (1891)
- Brotherhood of St. Luke (1904)
- Alcoholics Anonymous (1935)
- Addicts Anonymous (1947)
- Narcotics Anonymous (CA) (1953)
- Alateen (1957)
- Celebrate Recovery (1991)
- Dual Diagnosis Anonymous (1998)
- Prescription Drugs Anonymous (1998)

Peer Based Recovery Support Services

Peer Based Recovery Support Services (PBRSS)



Peer-based recovery support services (P-BRSS) are being designed to extend the current acute-care model of addiction treatment toward the singular goal of elevating long-term recovery outcomes.

Infrastructure support for these efforts include peer program standards development, peer training and certification initiatives, and regulatory changes that allow reimbursement of P-BRSS through Medicaid and Medicare and private managed behavioral health care entities.

PBRSS - Evolving Process



Those on the front lines delivering peer support services and the individuals and families receiving these services do not have the luxury of waiting for needed studies. They must make the best decisions possible today based on what is now known.

Peer-based and other recovery support services, like professionally directed clinical services, are evolving in tandem with new scientific findings and the changing needs of those served. I look forward to the day when a fulfilled recovery research agenda will render this monograph obsolete.

Bill White
Senior Research Consultant
Chestnut Health Systems
Port Charlotte, Florida
January, 2009

http://www.naadac.org/assets/1959/whitew2009_peer-based_addiction_recovery_support.pdf

DMHA WEBSITE

RECOVERY SUPPORTS



The Indiana Division of Mental Health and Addiction (DMHA) submitted the block grant application for federal fiscal years 2016 and 2017 and the complete application focused on four priority areas:

- Housing
- Recovery supports
- Prevention
- Primary Care and Behavioral Health Integration.

<https://www.in.gov/fssa/dmha/2992.htm>

Recovery Supports



A workgroup was developed under the Mental Health and Addiction Planning and Advisory Council or (MHAPAC) by DMHA which is comprised of consumers, family members and service providers.

This workgroup was created to promote and develop state-wide recovery supports with the goal of community integration and recovery for persons with mental illness and/or addictions.

<https://www.in.gov/fssa/dmha/2992.htm>

Indiana Recovery Supports Workgroup



In 2012 a statewide gap analysis was done, which identified the top 5 Recovery Support needs as:

1. Personal Support Networks (Natural Supports/Family Supports)
2. Peer Supports (Consumers and Family Members)
3. Prevention and Wellness (Access to treatment)
4. Hobbies/Interests (Employment Opportunities)
5. Safe and Affordable Housing

Recovery Supports Workgroup



Currently updating the Statewide Gap Analysis as we speak.

- INARMS Survey
- CMHC Survey Sent To All CMHC's



Indiana's current Peer Support Service Options

INDIANA PBRs's QUICK



CRS/CHW's

- SMI/SUD, Primary Care/Integrated Lived Experience
- 5 Day Training
- Indiana Only Certification
- Mental Health America Northeast Indiana Program
- MRO Reimbursement
- Specialty Endorsements
- PBRSS

FACTS

Peer Recovery Coaches

- Peer Addiction Lived Experience
- 5 Day Training
- ICAADA Program
- No Reimbursement Yet-Recovery Works
- IC-RC Certified Multi-States
- PBRSS



Division of Mental Health and Addiction



Peer Support Specialists are able to promote recovery; enhance hope and social networking through role modeling and activation; and supplement existing treatment with education, empowerment, and aid in system navigation (Chinman, et al., 2006)



Recovery Is Possible



Recovery Coach Class 2017

Forensic Peer Class 2017



CRS/CHW's

IN INDIANA

Certified Recovery Specialist's/Community Healthcare Workers



- 1. CRS/CHW's** (Certified Recovery Specialists'/Community Health Workers)
 - A. Forensic Peer Supports
 - B. Gambling Endorsement
 - C. Substance Abuse Endorsement
 - D. (Youth Peer Supports???)

Certified Recovery Specialist (CRS)



1. Under supervision, the Certified Recovery Specialist (CRS) provides peer support services, serves as a consumer advocate, provides consumer information and peer support for consumers in emergency, outpatient, or inpatient settings.
2. The CRS performs a wide range of tasks to assist consumers in regaining control over their lives and recovery process. The CRS will model competence in recovery and coping.
3. The CRS is not individually enrolled as a Medicaid provider, therefore they must bill under the HSPP or QMHP with the appropriate modifier (HW or UB).

www.Indianamedicaid.com

www.peernetworkindiana.org

Following the guidelines set by the employer, the CRS will interact safely and effectively with consumers to :



- Assist consumers in identifying barriers to recovery goals
- Attend treatment team meetings and medication appointments as requested to represent the needs and perspectives of the consumer
- Utilize his/her unique recovery experience to teach and role model the value of every individual's recovery experience.
- Continue to develop professional skill by maintaining certification through required coursework
- Maintain appropriate professional boundaries with consumers and avoid dual relationships within the community
- Support treatment team objectives and strategies
- Meet job expectations as specified in the Employee Handbook.



Position Qualifications:

- Must have a minimum of a high school diploma or GED. Self-identify as a current or former consumer. Must be maintaining healthy recovery.
- Must have excellent interpersonal communication skills and the ability to meet written communication requirements.
- Must be able to verify completion of state-approved training program and passing score on certification exam.



Becoming A CRS/CHW

- Submit Application to Mental Health America Northeast Indiana
- Submit \$35 Application Fee (non-waivable)
- Submit 2 References
- Complete Phone Interview
- 5 Day Training
- Pass Examination

Recovery Coaches in Indiana



Recovery Coaches in Indiana

- Peer Addiction specific credential
- Multiple Trainer options available in Indiana
- DMHA Supports Recovery Coaches in multiple ways...
- 60+ Recovery Coaches in ED's via contracts
- TA Support from SAMSHA on building infrastructure for RC's in Indiana underway
- Recovery Coach Advisory Board



ICAADA Recovery Coach Program

Based out of Indianapolis and umbrella'd under
Mental Health America of Indiana

Executive Director Stan DeKemper of ICAADA

This course is adopted by the Connecticut Community
for Addiction Recovery (CCAR) recovery coaching
model and is based on the recovery coaching
concepts developed by William White.

<https://www.icaada.org/training/recovery-coach-training>

ICAADA Recovery Coach Training



ICAADA announced the availability of the Certified Addiction Recovery Coach (CAPRC) credential on their website. This credential is intended for individuals who have a lived experience of recovery and who desire to help people in addiction recovery.

The credential is recognized in states and countries that are affiliates of the International Credentialing and Reciprocity Consortium (IC&RC).

<https://www.icaada.org/training/recovery-coach-training>

ICAADA Recovery Coach Training



The Addiction Recovery Coach Training Course is a five-day, thirty-hour training that satisfies thirty (30) hours of the fifty-two (52) hour training requirement for ICAADA's Certified Addiction Peer Recovery Coach credential. In addition to ICAADA CEUs, this training is approved for CEUs from the Indiana Professional Licensing Agency.

* Participants will also learn that a recovery coach is not a sponsor, counselor, nurse/doctor or clergy.

<https://www.icaada.org/training/recovery-coach-training>



Indiana State Plan

- Peer Recovery Coaches are not YET currently reimbursable by Medicaid
- Indiana State Plan to be Amended
- Current contracts are speeding up the process of going live with reimbursement
- Biggest benefit potentially is the plan to pull peer services out of MRO and...
- OMPP plans to draw no distinction between peer services



Current Funding Options for Peer Supports

- Community Mental Health Centers reimbursed through MRO -(Medicaid)
- Recovery Works Providers .- (ie...Recovery Residences primarily) Reimbursed through the Indiana State Recovery Works Program

Future of Peers



Future of Peers

- Expanding Training/Endorsements offered
- Expanding Reimbursement options through Medicaid
- Expanding access to trainings
- State fully endorsing integration of peers
- State governance board to create best practices, guidance, and advocacy for peers statewide
- Peer Association-Support of Peers
- Expand Peer Workforce/Increase Training options for peers/increase social supports for peers

Peer Supports are recognized by multiple
Federal and State authorities.



U.S. Department
of Veterans Affairs



**Division of
Mental Health
and Addiction**



Brandon George

Director

Indiana Addictions Issues Coalition



Working definition of recovery from mental disorders and/or substance use disorders

- *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*





- Inclusive of all peer supports
- Provides Continuing Education Units (CEUs)
- Technical Assistance (TA) for organizations implementing peers
- Help with certification barriers





-Advocacy -

How we got here.

Largest Advocacy Groups



- We all need an advocate
- Without advocates we would not be here
- These are the 2 largest National Advocacy Groups
- IALC is Indiana's largest advocacy group
- YOU CAN BE AN ADVOCATE - WE NEED YOU



Facing Addiction





Facing Addiction

Facing Addiction and The National Council on Alcoholism and Drug Dependence (NCADD) are proud to announce the merger of our organizations – creating a national leader in turning the tide on the addiction epidemic.

For over 70 years, The National Council on Alcoholism and Drug Dependence (NCADD), has been a valuable resource for millions of people struggling with alcohol and other drug problems, and its 74 NCADD Affiliates represent the largest such affiliate network in the addiction field.

Since its history-making launch on the National Mall in 2015, Facing Addiction has become the leading voice among the nearly 45 million people and their families whose lives have been directly impacted by addiction to alcohol and other drugs.

<https://www.facingaddiction.org/>



Facing Addiction
with NCADD

Facing Addiction

Our visionary founder, Marty Mann, understood that addiction was an illness that must be treated as a public health problem. Her vision, forged in 1944, has led to the following framework:

- Addiction is a health problem.
- People with the illness of addiction can be helped and are worth helping.
- Addiction is a public health problem and, therefore, a public responsibility.

<https://www.facingaddiction.org/>



Facing Addiction Staff

- Jim Hood: Co-CEO
- Andy Pucher: Co-CEO
- **Greg Williams: Executive Vice President**
- Michael King: Director of Outreach & Engagement
- Laszlo Jaress: Director of Operations
- Ryan Hampton: Social Outreach and Recovery Advocate

Greg Williams – Director for Anonymous People and Generation Found

Communities Project- only 25 cities
Indianapolis, IN 10/10/18



Facing Addiction



Faces and Voices of Recovery

Faces & Voices of Recovery is the nation's leading recovery advocacy organization promoting policies that are grounded in science, compassion, health and human rights.



History

For too long those most affected by alcohol and other drug problems have been absent from the public policy debate. Faces & Voices of Recovery was founded in 2001 at a [Summit](#) in St. Paul, Minnesota, the culmination of more than two years of work to provide focus for a growing advocacy force among people in long-term recovery from addiction to alcohol and other drugs, their families, friends and allies





Faces and Voices

Times have changed. The recovery community is unifying around key priorities - to gain needed resources and to end discrimination against people in recovery. We are working to eliminate barriers to recovery for every American, every family and to help today's children and future generations, who often are the biggest winners in the process of recovery.



The face of 'addiction' is on every news television station in America. (Stigma)

The FACE OF RECOVERY needs to drown it out. Show people recovery is possible. We have lost hope in recovery. (Humanize)

Someone needs to hear your Recovery story.



ARCO

Association of Recovery
Community Organizations

FACES &
VOICES
OF RECOVERY



Recovery Community Organizations

- provide only non-clinical services which differ from treatment programs
- respect and support all pathways of recovery
- have their own governing board
- are led and governed by people in recovery
- routinely engage people in recovery, their families, and other stakeholders in a participatory process of program decision-making and conducting activities
- are grassroots programs/organizations and are active in their communities
- have a mission statement that focuses on addiction recovery

**FACES &
VOICES**
OF RECOVERY



INDIANA RECOVERY NETWORK



- Recovery Community Organizations (RCO)
- Recovery Community Centers (RCC)
- Recovery Residences (RR)
- Recovery Coalitions



Drug overdose deaths increased in 2017, according to the study released by the Center for Disease Control and Prevention. In other words, there is a new OD death every 6 minutes in this country.



174 deaths from drug overdoses every day in 2016, one every 8½ minutes.

“Right now everybody says it's happening to somebody else's family,”. But if the current trends continue, “soon it will be happening to everybody's family.”

The Washington Post

https://www.washingtonpost.com/news/wonk/wp/2017/12/21/cdc-releases-grim-new-opioid-overdose-figures-were-talking-about-more-than-an-exponential-increase/?noredirect=on&utm_term=.c751349104d5

The CDC found that 1,840 people died in Indiana as a result of an overdose in 2017, an 18 percent increase compared to 2016 and a 37 percent jump over 2015.



FACE OF RECOVERY

'If you find yourself in a hole, the first thing you have to do is, stop digging.'

Brandon George



'We must advocate for those who cannot advocate for themselves.'

Amy Brinkley

Question?

Resources

Indiana

Statewide Addiction Treatment

www.in.gov/fssa/addiction

Office of Consumer and Family
Affairs

<http://www.in.gov/fssa/dmha/4339.htm>

CRS/CHW Training Program

www.peernetworkindiana.org

Peer Recovery Coach Training

www.icaada.org \



National

Faces and Voices of Recovery

<https://facesandvoicesofrecovery.org/>

Facing Addiction

<https://www.facingaddiction.org/>

NCADD

<https://www.ncadd.org/get-involved/advocacy/become-an-advocate>

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